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The Honorable William Natcher, Chairman
Subcommittee on District of Columbia
Committee on Appropriations
House of Representatives

Dear Mr. Chairman:

The Senate Subcommittee on District of Columbia Appropriations has been concerned for some time about the District's lack of a comprehensive plan for adequately caring for its needy children. The Subcommittee has been particularly interested in the adequacy of the care given children in the custody of the Department of Human Resources (DHR).

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In its report on the District's fiscal year 1975 appropriation request, the Senate Committee on Appropriations stated it was encouraged that DHR was developing a much-needed Comprehensive Child Care Plan. The Committee also recommended that DHR (1) adopt noninstitutional methods for the care and treatment of delinquent children and children needing supervision and (2) develop coordinated protective services to help children in their own home or neighborhood.

The Committee asked us to review DHR's Plan. The Committee's recommendations, its interest in the timely completion of a child care plan, and its request for our review were incorporated in Joint Conference Committee Report No. 93-1291, dated August 15, 1974.

On October 29, 1974, DHR submitted to the Mayor its Plan calling for major improvements in child care estimated to cost \$138 million over a 5-year period. In response to the Committee's request, we are offering the following observations, comments, and suggestions for your use in overseeing District operations.

The Plan commits DHR to improving the quality of life for all District children. Containing about 300 recommendations, the Plan covers a wide range of services, such as medical, day care, child protection, and housing services.

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It deals principally, however, with expanding DHR's present delivery system for child care services. While new programs are proposed, the reasons supporting some of them are not delineated. Also, the Plan does not specifically mention experiences of other jurisdictions with child care programs.

Although the large number of recommendations for improving services is impressive, the Plan does not establish priorities for implementing them. It does not indicate where DHR's efforts to improve child care should begin or which of the proposed expenditures are most essential. Further, it presents few specific program descriptions or timetables and the tables of projected costs are unexplained. Thus, since the Plan falls short of describing a plan of action, we would characterize it as primarily an inventory of ideas and identification of the major steps needed to develop programs to provide needed care.

The Senate Committee's recommendations on adopting non-institutional methods for the care and treatment of delinquent children and children needing supervision can be used to illustrate the Plan's shortcomings. Although deinstitutionalization is generally recognized as a goal in the Plan, little information is provided on how to implement it. For example, the Plan states that DHR's immediate objective is to have no adjudicated delinquent male child under 14 years of age and no adjudicated delinquent female youth of any age institutionalized at the Children's Center. While the Plan does mention the community-based facilities and programs required to accomplish this goal, it does not discuss the cost involved, the timetable for completing the group homes it proposes, the places where these homes would be located, the standards that would be used to determine which children could be deinstitutionalized, or what nonresidential programs might be developed.

The Plan also states that virtually all children needing supervision should be in community-based group homes rather than in the Children's Center. It recognizes that, in order to accomplish this, eight additional group homes must be established, but it does not meaningfully discuss cost or a feasible timetable.

To develop a sound child care plan, certain essential data about children and the community--such as personal conditions, parent-child relationships, living arrangements, family income, and community resources--must be gathered

so that each program's effect on children can be measured and evaluated. The absence of such data may have hindered DHR in establishing priorities for the recommendations in its Plan. Further, unless such data is developed, DHR will have future problems in assessing the Plan's implementation.

The lack of data by which to assess program accomplishments in terms of children's progress has also been evident in our ongoing six-State review of child welfare programs authorized under title IV-B of the Social Security Act (42 U.S.C. 620). We found that neither the Department of Health, Education, and Welfare, the States, nor counties maintained a data system for assessing a child's situation at specific points in time.

During our six-State review we developed a model evaluation methodology (see enc.) which included some comparison of children's situations when accepted for services with their situations after receiving the services. Systematically applying such an evaluation methodology would require a system capable of providing essential quantifiable data at specified points in time about children's welfare. Such a system could give the District answers to such questions as:

- How many District children are in categorized situations ranging from "critical" to "satisfactory"?
- What factors seem to affect how long children are in those situations?
- To what extent has the availability and use of specific combinations and levels of assistance affected the rates at which children's situations have improved?

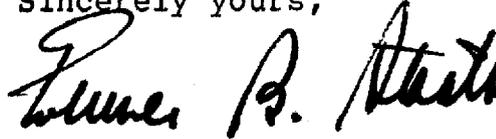
DHR's Plan takes into account, to some extent, the need for program analysis and evaluation. For example, it states that management and staff personnel will need to (1) work together to identify and set specific quantifiable objectives for each DHR program and (2) set specific target dates for achieving the desired results. However, the Plan does not describe how to implement the programs nor does it stress the importance of promptly and accurately assessing current needs and evaluating current services.

Developing an adequate data system for a child care program will be difficult and will not be accomplished quickly. In the short term, however, DHR should be able to establish priorities among the Plan's 300 recommendations by identifying those that will carry out the Committee's recommendations and meet the immediate inadequacies of current child care programs. A detailed roster of the high-priority recommendations, together with timetables and cost analyses, would allow DHR to proceed promptly and systematically to improve its child care program. It would also help the congressional committees responsible for overseeing DHR's operations and the welfare of the District's youth.

As requested we have not obtained comments from the District government on this report.

We are sending copies of this report to the Mayor of the District of Columbia and the Chairman, District of Columbia City Council. We are sending an identical report to the Chairman, Subcommittee on District of Columbia, Committee on Appropriations, United States Senate.

Sincerely yours,



Comptroller General
of the United States

Enclosure

CHILD CARE EVALUATION METHODOLOGY

In our ongoing six-State review of child welfare programs, we developed the following methodology for evaluating child care needs and program effectiveness. First, we defined a child's situation as a combination of his (1) care arrangement and (2) personal condition. We categorized these two factors in terms of being "satisfactory," "fragile," "serious," or "critical." Criteria for these categories were developed in consultation with specialists and case-workers experienced in child care services. These criteria are as follows.

Care

arrangement: The attitudes, emotional makeup, and economic status of the caregivers legally responsible for the child.

Critical--The caregivers are not concerned about the welfare of the child and he is in immediate personal danger.

Serious--The child is being provided minimal care (including physical protection, guidance, and/or nutrition).

Fragile--The child is in potential danger because problems of the caregivers have not been resolved. Caregivers are aware of the problems and may be receiving treatment.

Satisfactory--Suitable parental and social supports are being provided.

Personal

condition: The physical and emotional well-being of the child.

Critical--The child has been physically injured or sexually molested or exhibits severe emotional or behavioral problems.

Serious--The child exhibits behavior patterns which negatively affect his social, physical, and/or mental functioning.

Fragile--The child has an emotional, physical, mental, or behavioral problem but is responding to treatment.

Satisfactory--The child is functioning well within the family and community.

We analyzed certain data for a selected sample of children to obtain some insight into how various child care services were conducted and what impact they had on the situations of the children. The analysis showed, among other things, that (1) the children generally improved after receiving services, (2) the percentage of younger children who improved was significantly greater than the percentage of older children, and (3) about two-thirds of the children had eventually been placed under some other care, such as foster or insitutional care.